

1340

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **94** ✓
Registrar's No. **27 29**

1. Place of Death: (a) County Gravina (b) City or Town Safford (c) Location 61 (d) Length of Stay: In Hospital or Institution 61 (Specify whether years, months or days) ; In Community 61 ; In Arizona 61 (St. & No. (or) Name of Institution)

2. Usual Residence of Deceased: (a) State Ariz ; (b) County Gravina ; (c) City or Town Safford (If outside city limits also write RURAL)

(d) Street No. 1127 Central Ave ; (e) Citizen of foreign country (Yes or No) No ; (f) If Yes, which country ; (g) Social Security No. No

3. (a) FULL NAME Louisa Peel Walker (b) If Veteran name war (c) Social Security No. No

4. Sex F.M. 5. Race White ☐ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced Married 6. (c) Age of husband or wife, if alive 78 yrs.

6. (b) Name of husband or wife J.R. Walker

7. Birthdate of deceased Nov 8 1866 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 12 hrs. min. If less than one day

9. Birthplace Bonita full. Utah (City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business

12. Name Benjamin Peel 13. Birthplace England (City, town or county) (State or Country)

14. Maiden Name Nancy Turnbull 15. Birthplace England (City, town or county) (State or Country)

16. (a) Informant's own signature J.R. Walker (b) Address Safford, Ariz

17. (a) Burial, Cremation or Removal Burial (b) Place Safford Ariz (c) Date April 22, 1945

18. (a) Embalmer's Signature W. C. Rawson (b) Funeral Director W. C. Rawson (c) Address Safford, Ariz

19. (a) May 9, 1945 Date received Local Registrar (b) J. M. Stratten (Registrar's Signature)

20. DATE OF DEATH (Month, day and year) April 20, 1945 TIME (Hour and minute) 6:00 P.M.

21. I hereby certify that I attended the deceased from April 20, 1945 to April 20, 1945; that I last saw her alive on April 20, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Branchial Pneumonia

Due to Chronic myelomatosis

Due to Chronic Bronchitis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature F. W. Rawson M. D. Address Safford, Ariz Date signed 4/20/45

Underline the cause to which death should be charged statistically